

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

maintenance fee notification	ns.	in Block 1, by (a	a) specifying a	new corresponden		and/or (b) indicating a sep	t correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				papers. Eac	Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must			
54080 75	90 03/01/2006	03/01/2006			have its own certificate of mailing or transmission.			
BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. BOX 747 8110 GATEHOUSE ROAD, SUITE 500 EAST FALLS CHURCH, VA 22040-0747					Certificate of Mailing or Transmission  I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
FALLS CHURCH,	, VA 22040-0747						(Depositor's name)	
							(Signature)	
							(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED		INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/699,563 11/03/2003			Bradford Van Wagenen			5998-0506PUS3 MATE RECEPTOR ANTA	1604	
APPLN. TYPE	SMALL ENTITY	IOCULE E						
L		ISSUE F		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	rovisional NO \$1400		) 	\$300	\$1700		06/01/2006	
EXAMINER		ART UNIT		CLASS-SUBCL	ASS			
DAVIS, ZINNA NORTHINGTON		1625	514-340000					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Birch, Stewart, Kolasch & Birch  2  3					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print or type)				
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNED 1 NPS PHA	an assignce is identified be 37 CFR 3.11. Completion of EE RMACEUTICALS	low, no assignce of this form is NOT	data will appea Fa substitute fo (B) RESIDEN Salt	ar on the patent. If or filing an assignment ICE: (CITY and ST. Lake Cit	ATE OR C	T	ocument has been filed for	
	ENECA AB	rios (will mat be uni		rtalje, S			. 🗀	
4a. The following fee(s) are of the fee(s) are of the following fee(s) are of the following fee(s) are of the fee(	b. Payment of Fec(s):  A check in the amount of the fec(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached. (if necessary)  The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 02-2448. (enclose an extra copy of this form).							
5. Change in Entity Status ( a. Applicant claims SM	(from status indicated above MALL ENTITY status. See 3					L ENTITY status. See 37 Cl		
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	is requested to apply the Issu ablication Fee (if required) was of the United States Pate	e Fee and Publicat vill not be accepted nt and Trademark	tion Fee (if any I from anyone of Office.	) or to re-apply any other than the applic	previously cant; a regis	paid issue fee to the applica stered attorney or agent; or th	tion identified above.	
Authorized Signature			Date March 30, 2006					
Typed or printed name A	kle	Registration No						
This collection of information an application. Confidentialits submitting the completed app this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-1	n is required by 37 CFR 1.31 by is governed by 35 U.S.C. plication form to the USPTO for reducing this burden, sho nia 22313-1450. DO NOT \$ 1450.	11. The information 122 and 37 CFR 1 D. Time will vary ould be sent to the SEND FEES OR C	Chief Information III	tion Officer, U.S. P FORMS TO THIS A	Patent and TADDRESS.	residents on the amount of the	ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	